

Atty. Dkt. No. 026977-0109

Applicant:

David M. Sellepack

Title:

POLYMERIC WATERCRAFT AND

MANUFACTURE METHOD

THEREOF

Appl. No.:

Filing Date:

Examiner:

Art Unit:



UTILITY PATENT APPLICATION **TRANSMITTAL**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> David M. Sellepack 326 Lakeside Drive Delton, Michigan 49046

[] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- Specification, Claim(s), and Abstract (33 pages). [X]
- Informal drawings (8 sheets, Figures 1-15). [X]
- [X] Declaration and Power of Attorney (4 pages).
- Assignment of the invention to Leisure Life Limited. []
- [] Assignment Recordation Cover Sheet.
- [] Small Entity statement.



[]	Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
[]	Information Disclosure Statement.
[]	Form PTO-1449 with copies of listed reference(s).
[]	Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims	. 1	ncluded i		Extra		D-4-		Fee
	as Filed	Basic Fee)	Claims	Rate			Totals
Basic Fee							\$710.00		\$710.00
Total Claims:	47	-	20	=	27	x	\$18.00	=	\$486.00
Independents:	4	- [3	_ = :	1	×	\$80.00	=	\$80.00
If any Multiple Dependent Claim(s) present:						+	\$270.00	=	\$0.00
	,						SUBTOTAL:	=	\$1276.00
[] Small Entity Fees Apply (subtract ½ of above							of above):	=	\$0.00
TOTAL FILING FEE:								=	\$1,276.00

- [X] A check in the amount of \$1,276.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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